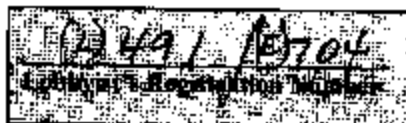


LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.



Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 4/29/08

Supp-08

1072282

1. NAME BABST JAMES A.
Last First MI

2. BUSINESS PHONE 504-566-1805

3. BUSINESS ADDRESS 601 Poydras St, STE 2750, N.D., LA 70130
Street and No. City State Zip

MAILING ADDRESS - SAME -
Street and No. City State Zip

4. EMPLOYER HAMILTON, BROWN & BABST, LLC

5. EMPLOYER'S ADDRESS - SAME -
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ☐ No ☐

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

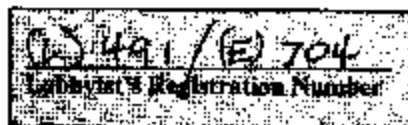
1. Name LOUISIANA ASSN OF BUS. & INDUS
Address PO BOX 80258, BATON ROUGE, LA 70898-0258
Business or purpose BUSINESS ASSOCIATION

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 4-29-08

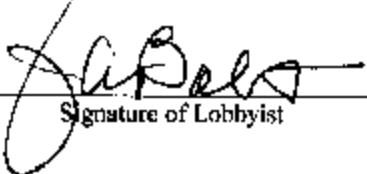
SUPPLEMENTAL REGISTRATION FORM



2. Name PUBLIC BELT RAILROAD COMMISSION, FOR THE CITY OF NEW ORLEANS
Address 4822 TCHOUPTOULAS ST., N.O., LA 70115
Business or purpose RAILROAD
- ☒ New Representation
Does this person pay you? NO
If No, who pays you? EMPLOYER - SEE ITEM 4
- ☐ Terminated Representation as of _____
3. Name _____
Address _____
Business or purpose _____
- ☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
- ☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [USA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist